



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

January 21, 2016

Sarah Hunt, Manager
Homestead, Inc.
73 River Street
Woodstock, VT 05091-1226

Dear Ms. Hunt:

Thank you for the cooperation you gave our surveyor during the **January 20, 2016** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD, INC.

**73 RIVER STREET
WOODSTOCK, VT 05091**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site relicensure survey was conducted on 1/19/16 - 1/20/16 by the Division of Licensing and Protection. No regulatory violations were identified. The facility was found to be in Substantial Compliance with the Residential Care Home Regulations effective 10/3/2000.	R100		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____

TITLE _____

(X6) DATE _____